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APPLICATION FOR RENEWAL OF TEXAS POLLUTION DISCHARGE ELIMINATION SYSTEM PERMIT

**CITY OF MISSOURI CITY
SIENNA PLANTATION WASTEWATER TREATMENT
PLANT No. 3
CI Job No. 2009037-000-45**

Prepared by: Costello, Inc.
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Ph: 713.783.7788 / Fx: 713.783.3580
Texas P.E. Board Firm No. 280

**APPLICATION FOR RENEWAL OF
TEXAS POLLUTION DISCHARGE ELIMINATION SYSTEM PERMIT**

FOR

**CITY OF MISSOURI CITY
SIENNA PLANTATION WASTEWATER TREATMENT PLANT No. 3
1522 TEXAS PARKWAY
MISSOURI CITY, TX 77489**

Prepared by:



TBPE Registration No. 280

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Fax: (713)783-3580

JULY 2020

C.I. Job No. 2009037-000-45

APPLICATION FOR RENEWAL
TEXAS POLLUTION DISCHARGE ELIMINATION SYSTEM PERMIT
FOR
SIENNA PLANTATION WASTEWATER TREATMENT PLANT No. 3
MISSOURI CITY, TEXAS

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: City of Missouri City

PERMIT NUMBER: WQ0014100001

Indicate if each of the following items is included in your application.

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Affected Landowners Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

For TCEQ Use Only

Segment Number _____ County _____
 Expiration Date _____ Region _____
 Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
APPLICATION FOR A DOMESTIC WASTEWATER PERMIT
ADMINISTRATIVE REPORT 1.0

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

Section 1. Application Fees (Instructions Page 29)

Indicate the amount submitted for the application fee (check only one).

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input checked="" type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

Payment Information: **See Attachment ADMIN.01**

Mailed Check/Money Order Number: 48266
Check/Money Order Amount: \$1,650.00
Name Printed on Check: Costello, Inc.

EPAY Voucher Number:

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 29)

- | | |
|---|---|
| <input type="checkbox"/> New TPDES | <input type="checkbox"/> New TLAP |
| <input type="checkbox"/> Major Amendment <u>with</u> Renewal | <input type="checkbox"/> Minor Amendment <u>with</u> Renewal |
| <input type="checkbox"/> Major Amendment <u>without</u> Renewal | <input type="checkbox"/> Minor Amendment <u>without</u> Renewal |
| <input checked="" type="checkbox"/> Renewal without changes | <input type="checkbox"/> Minor Modification of permit |

For amendments or modifications, describe the proposed changes:

For existing permits:

Permit Number: WQ0014100001

EPA I.D. (TPDES only): TX0119199

Expiration Date: December 1st, 2020

Section 3. Facility Owner (Applicant) and Co-Applclicant Information (Instructions Page 29)

A. The owner of the facility must apply for the permit.

What is the Legal Name of the entity (applicant) applying for this permit?

City of Missouri City

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)?
You may search for your CN on the TCEQ website at <http://www15.tceq.texas.gov/crpub/>

CN: 601159528

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in 30 TAC § 305.44.

Prefix (Mr., Ms., Miss): Ms

First and Last Name: Yolanda Ford

Credential (P.E, P.G., Ph.D., etc.):

Title: Mayor

B. Co-applclicant information. Complete this section only if another person or entity is required to apply as a co-permittee.

What is the Legal Name of the co-applclicant applying for this permit?

(The legal name must be spelled exactly as filed with the TX SOS, with the County, or in the legal documents forming the entity.)

If the co-applclicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at:

<http://www15.tceq.texas.gov/crpub/>

CN:

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in 30 TAC § 305.44.

Prefix (Mr., Ms., Miss):

First and Last Name:

Credential (P.E, P.G., Ph.D., etc.):

Title:

Provide a brief description of the need for a co-permittee: [Redacted]

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0.

Attachment: [ADMIN.02](#)

Section 4. Application Contact Information (Instructions Page 30)

This is the person(s) TCEQ will contact if additional information is needed about this application. Provide a contact for administrative questions and technical questions.

A. Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Harry B. Walker

Credential (P.E, P.G., Ph.D., etc.): P.E

Title: Senior Project Manager

Organization Name: Costello, Inc.

Mailing Address: 2107 CityWest Blvd.

City, State, Zip Code: Houston, TX 77042

Phone No.: 713.783.7788 Ext.: [Redacted] Fax No.: [Redacted]

E-mail Address: hwalker@costelloinc.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix (Mr., Ms., Miss): Mr.

First and Last Name: John Lacy

Credential (P.E, P.G., Ph.D., etc.): P.E.

Title: Water/Wastewater Division Manager

Organization Name: Costello, Inc.

Mailing Address: 2107 CityWest Blvd

City, State, Zip Code: Houston, TX 77042

Phone No.: 713.783.7788 Ext.: [Redacted] Fax No.: [Redacted]

E-mail Address: jlacy@costelloinc.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

Provide two names of individuals that can be contacted throughout the permit term.

A. Prefix (Mr., Ms., Miss): Ms.

First and Last Name: Yolanda Ford

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Mayor

Organization Name: Missouri City

Mailing Address: 1522 Texas Parkway

City, State, Zip Code: Missouri City, TX 77489-2170

Phone No.: 281.403.8500 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: yolanda.ford@missouricitytx.gov

B. Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Shashi Kumar

Credential (P.E, P.G., Ph.D., etc.): P.E.

Title: Public Works Director / City Engineer

Organization Name: Missouri City

Mailing Address: 1522 Texas Parkway

City, State, Zip Code: Missouri City, TX 77489-2170

Phone No.: 281.403.8579 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: shashi.kumar@missouricitytx.gov

Section 6. Billing Information (Instructions Page 30)

The permittee is responsible for paying the annual fee. The annual fee will be assessed to permits ***in effect on September 1 of each year***. The TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed (using form TCEQ-20029).

Prefix (Mr., Ms., Miss): Ms.

First and Last Name: Millie E. Holifield

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Utilities Coordinator

Organization Name: Missouri City

Mailing Address: 1522 Texas Parkway

City, State, Zip Code: Missouri City Texas 77489-2170

Phone No.: 281.403.8576 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: mholifield@missouricitytx.gov

Section 7. DMR/MER Contact Information (Instructions Page 31)

Provide the name and complete mailing address of the person delegated to receive and submit Discharge Monitoring Reports (EPA 3320-1) or maintain Monthly Effluent Reports.

Prefix (Mr., Ms., Miss): Mr.
First and Last Name: Mike Thornhill
Credential (P.E, P.G., Ph.D., etc.): N/A
Title: Director of Compliance
Organization Name: Si Environmental
Mailing Address: 6420 Reading Road
City, State, Zip Code: Rosenberg, Texas 77471
Phone No.: 832-490-1507 Ext.: N/A Fax No.: 832-490-1501

E-mail Address: mthornhill@sienv.com

DMR data is required to be submitted electronically. Create an account at:

<https://www.tceq.texas.gov/permitting/netdmr/netdmr.html>.

Section 8. Public Notice Information (Instructions Page 31)

A. Individual Publishing the Notices

Prefix (Mr., Ms., Miss): Mr.
First and Last Name: Harry B. Walker
Credential (P.E, P.G., Ph.D., etc.): P.E.
Title: Senior Project Manager
Organization Name: Costello, Inc.
Mailing Address: 2107 CityWest Blvd
City, State, Zip Code: Houston, TX 77042
Phone No.: 713.783.7788 Ext.: Fax No.:
E-mail Address: hwalker@costelloinc.com

B. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package

Indicate by a check mark the preferred method for receiving the first notice and instructions:

- ☐ E-mail Address
- ☐ Fax
- ☒ Regular Mail

C. Contact person to be listed in the Notices

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Harry B. Walker

Credential (P.E, P.G., Ph.D., etc.): P.E.

Title: Senior Project Manager

Organization Name: Costello, Inc.

Phone No.: 713.783.7788 Ext.:

E-mail: hwalker@costelloinc.com

D. Public Viewing Information

If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.

Public building name: Missouri City - City Hall

Location within the building: City Hall Website "<https://www.missouricitytx.gov/367/Resources>"

Physical Address of Building: 1522 Texas Parkway

City: Missouri City 77489

County: Fort Bend

Contact Name: Millie E. Holifield

Phone No.: 281.403.8576 Ext.:

E. Bilingual Notice Requirements:

This information is required for new, major amendment, and renewal applications. It is not required for minor amendment or minor modification applications.

This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine whether an alternative language notices are required.

1. Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?

☒ Yes ☐ No

If no, publication of an alternative language notice is not required; skip to Section 9 below.

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

☒ Yes ☐ No

3. Do the students at these schools attend a bilingual education program at another location?

☒ Yes ☐ No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?

☐ Yes ☒ No

5. If the answer is yes to question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

Section 9. Regulated Entity and Permitted Site Information (Instructions Page 33)

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN101528461

Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

B. Name of project or site (the name known by the community where located):

Sienna Plantation Wastewater Treatment Plant

C. Owner of treatment facility: City of Missouri City

Ownership of Facility: ☒ Public ☐ Private ☐ Both ☐ Federal

D. Owner of land where treatment facility is or will be:

Prefix (Mr., Ms., Miss): Sienna/Johnson North, LP

First and Last Name: Alvin San Miguel

Mailing Address: 5777 Sienna Parkway Suite 100

City, State, Zip Code: Missouri City, TX, 77459

Phone No.: 281-778-7799

E-mail Address: alvin@johnsondev.com

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: **"ADMIN.04"**

E. Owner of effluent disposal site: **N/A**

Prefix (Mr., Ms., Miss):

First and Last Name:

Mailing Address:

City, State, Zip Code:

Phone No.: E-mail Address:

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment:

- F. Owner of sewage sludge disposal site (if authorization is requested for sludge disposal on property owned or controlled by the applicant): **N/A**

Prefix (Mr., Ms., Miss): [REDACTED]

First and Last Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Phone No.: [REDACTED] E-mail Address: [REDACTED]

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: [REDACTED]

Section 10. TPDES Discharge Information (Instructions Page 34)

- A. Is the wastewater treatment facility location in the existing permit accurate?

☐ Yes ☒ No

If no, or a new permit application, please give an accurate description:

(Previous description no longer valid due to development in the area.) 0.18 miles east of the intersection of Sienna Ranch Road and Discovery Lane in Missouri City, Texas in Northeast Fort Bend County, Texas.

- B. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?

☒ Yes ☐ No

If no, or a new or amendment permit application, provide an accurate description of the point of discharge and the discharge route to the nearest classified segment as defined in 30 TAC Chapter 307:

[REDACTED]

City nearest the outfall(s): Missouri City

County in which the outfalls(s) is/are located: Fort Bend

Outfall Latitude: 29° 32' 12"

Longitude: 95° 33' 2"

- C. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

☐ Yes ☒ No

If yes, indicate by a check mark if:

☐ Authorization granted ☐ Authorization pending

For new and amendment applications, provide copies of letters that show proof of contact and the approval letter upon receipt.

Attachment: [REDACTED]

- D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge.

[REDACTED]

Section 11. TLAP Disposal Information (Instructions Page 36)

- A. For TLAPs, is the location of the effluent disposal site in the existing permit accurate? **N/A**

☐ Yes ☐ No

If **no**, or a new or amendment permit application, provide an accurate description of the disposal site location:

[REDACTED]

- B. City nearest the disposal site: [REDACTED]

- C. County in which the disposal site is located: [REDACTED]

- D. Disposal Site Latitude: [REDACTED] Longitude: [REDACTED]

- E. For **TLAPs**, describe the routing of effluent from the treatment facility to the disposal site:

[REDACTED]

- F. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained:

[REDACTED]

Section 12. Miscellaneous Information (Instructions Page 37)

- A. Is the facility located on or does the treated effluent cross American Indian Land?

☐ Yes ☒ No

- B. If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?

☐ Yes ☐ No ☒ Not Applicable

If No, or if a new onsite sludge disposal authorization is being requested in this permit

application, provide an accurate location description of the sewage sludge disposal site.

- C. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application:

- D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number:

Amount past due:

- E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number:

Amount past due:

Section 13. Attachments (Instructions Page 38)

Indicate which attachments are included with the Administrative Report. Check all that apply:

☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.

☒ Original full-size USGS Topographic Map with the following information: **See**

Attachment "ADMIN.03"

- Applicant's property boundary
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)

- 1 mile radius information
 - 3 miles downstream information (TPDES only)
 - All ponds.
- ☐ Attachment 1 for Individuals as co-applicants
- ☐ Other Attachments. Please specify: [Click here to enter text](#)

Section 14. Signature Page (Instructions Page 39)

If co-applicants are necessary, each entity must submit an original, separate signature page.

Permit Number: WQ0014100001

Applicant: City of Missouri City

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

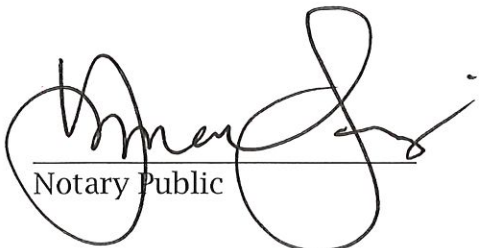
I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Bill Atkinson

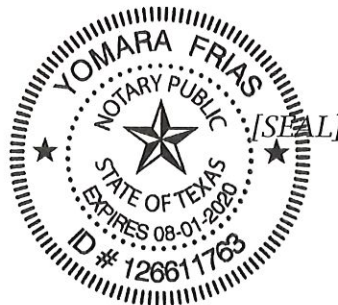
Signatory title: Interim City Manager

Signature:  Date: 3/25/2020
(Use blue ink)

Subscribed and Sworn to before me by the said Bill Atkinson
on this 25 day of March, 20 20.
My commission expires on the 1 day of August, 20 20.


Notary Public

Fort Bend County
County, Texas





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT 1.0

The Following Is Required For All Applications
Renewal, New, And Amendment

Section 1. Permitted or Proposed Flows (Instructions Page 51)

A. Existing/Interim I Phase

Design Flow (MGD): 0.902

2-Hr Peak Flow (MGD): 3.157

Estimated construction start date:

Estimated waste disposal start date:

B. Interim II Phase

Design Flow (MGD):

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

C. Final Phase

Design Flow (MGD):

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

D. Current operating phase:

Provide the startup date of the facility:

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

Provide a detailed description of the treatment process. **Include the type of**

treatment plant, mode of operation, and all treatment units. Start with the plant's head works and finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed in the permit, a description of *each phase* must be provided.** Process description:

The existing treatment system is a package plant employing the activated sludge process in the complete mix mode. The facility contains two parallel treatment trains containing 0.451 MGD each. The headworks contains a mechanical screen and a flow splitter, which divides the flow in half. Each treatment train consists of "box car" units for aeration, digestion and chlorine contact basins and one circular clarifier per train. The dual trains converge to two chlorine contact basins operating in series prior to out falling to a common 24" pipe.

Port or pipe diameter at the discharge point, in inches: 24

B. Treatment Units

In Table 1.0(1), provide the treatment unit type, the number of units, and dimensions (length, width, depth) of each treatment unit, accounting for *all* phases of operation.

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Aeration Basin	7	(5) 10' x 12" x 55
		(2) 10' x 12' x 64'
Clarifier	2	44' Dia. X 10' SWD
Chlorination Basin	2	(1) 8.5' x 11' x 36'
		(1) 8.0' x 12' x 35'
Digester Basin	4	(2) 10.5' x 12' x 55'
		(3) 10.5' x 12' x 64'

C. Process flow diagrams

Provide flow diagrams for the existing facilities and **each** proposed phase of construction.

Attachment: [TECH.01](#)

Section 3. Site Drawing (Instructions Page 52)

Provide a site drawing for the facility that shows the following:

- The boundaries of the treatment facility;
- The boundaries of the area served by the treatment facility;
- If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and
- If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

Attachment: [TECH.02](#)

Provide the name and a description of the area served by the treatment facility.

THIS AREA IS FOR OTHER TEXT

Section 4. Unbuilt Phases (Instructions Page 52)

Is the application for a renewal of a permit that contains an unbuilt phase or phases?

Yes ☐

No ☒

If yes, does the existing permit contain a phase that has not been constructed within five years of being authorized by the TCEQ?

Yes ☐

No ☐

If yes, provide a detailed discussion regarding the continued need for the unbuilt phase. Failure to provide sufficient justification may result in the Executive Director recommending denial of the unbuilt phase or phases.

THIS AREA IS FOR OTHER TEXT

Section 5. Closure Plans (Instructions Page 53)

Have any treatment units been taken out of service permanently, or will any units be taken out of service in the next five years?

Yes ☒

No ☐

If yes, was a closure plan submitted to the TCEQ?

Yes ☐

No ☒

If yes, provide a brief description of the closure and the date of plan approval.

Within the next 5 years this facility will be closed. All flow to this plant will be conveyed to Steep Bank Flat Bank Creek Wastewater Treatment Plant, WQ0013873001.

Section 6. Permit Specific Requirements (Instructions Page 53)

For applicants with an existing permit, check the *Other Requirements* or *Special Provisions* of the permit.

A. Summary transmittal

Have plans and specifications been approved for the existing facilities and each proposed phase?

Yes ☒

No ☐

If yes, provide the date(s) of approval for each phase: 08/08/2007

Provide information, including dates, on any actions taken to meet a requirement or provision pertaining to the submission of a summary transmittal letter. Provide a copy of an approval letter from the TCEQ, if applicable.

N/A

B. Buffer zones

Have the buffer zone requirements been met?

Yes ☒

No ☐

Provide information below, including dates, on any actions taken to meet the conditions of the buffer zone. If available, provide any new documentation relevant to maintaining the buffer zones.

C. Other actions required by the current permit

Does the *Other Requirements* or *Special Provisions* section in the existing permit require submission of any other information or other required actions? Examples include Notification of Completion, progress reports, soil monitoring data, etc.

Yes ☐ No ☒

If yes, provide information below on the status of any actions taken to meet the conditions of an *Other Requirement* or *Special Provision*.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

Does the facility have a grit and/or grease processing facility onsite that treats and decants or accepts transported loads of grit and grease waste that are discharged directly to the wastewater treatment plant prior to any treatment?

Yes ☐ No ☒

If No, stop here and continue with Subsection E. Stormwater Management.

2. Grit and grease processing

Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.

3. Grit disposal

Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal?

Yes ☐ No ☐

If No, contact the TCEQ Municipal Solid Waste team at 512-239-0000. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

4. Grease and decanted liquid disposal

Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-0000.

Describe how the decant and grease are treated and disposed of after grit separation.

E. Stormwater management

1. Applicability

Does the facility have a design flow of 1.0 MGD or greater in any phase?

Yes ☐ No ☒

Does the facility have an approved pretreatment program, under 40 CFR Part 403?

Yes ☐ No ☒

If no to both of the above, then skip to Subsection F, Other Wastes Received.

2. MSGP coverage

Is the stormwater runoff from the WWTP and dedicated lands for sewage disposal currently permitted under the TPDES Multi-Sector General Permit (MSGP), TXR050000?

Yes ☐ No ☐

If yes, please provide MSGP Authorization Number and skip to Subsection F, Other Wastes Received:

TXR05 or TXRNE

If no, do you intend to seek coverage under TXR050000?

Yes ☐ No ☐

3. Conditional exclusion

Alternatively, do you intend to apply for a conditional exclusion from permitting based TXR050000 (Multi Sector General Permit) Part II B.2 or TXR050000 (Multi Sector General Permit) Part V, Sector T 3(b)?

Yes ☐ No ☐

If yes, please explain below then proceed to Subsection F, Other Wastes Received:

4. Existing coverage in individual permit

Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?

Yes ☐ No ☐

If yes, provide a description of stormwater runoff management practices at the site that are authorized in the wastewater permit then skip to Subsection F, Other Wastes Received.

5. Zero stormwater discharge

Do you intend to have no discharge of stormwater via use of evaporation or other means?

Yes ☐ No ☐

If yes, explain below then skip to Subsection F. Other Wastes Received.

Note: If there is a potential to discharge any stormwater to surface water in the state as the result of any storm event, then permit coverage is required under the MSGP or an individual discharge permit. This requirement applies to all areas of facilities with treatment plants or systems that treat, store, recycle, or reclaim domestic sewage, wastewater or sewage sludge (including dedicated lands for sewage sludge disposal located within the onsite property boundaries) that meet the applicability criteria of above. You have the option of obtaining coverage under the MSGP for direct discharges, (recommended), or obtaining coverage under this individual permit.

6. Request for coverage in individual permit

Are you requesting coverage of stormwater discharges associated with your treatment plant under this individual permit?

Yes ☐ No ☐

If yes, provide a description of stormwater runoff management practices at the site for which you are requesting authorization in this individual wastewater permit and describe whether you intend to comingle this discharge with your treated effluent or discharge it via a separate dedicated stormwater outfall. Please also indicate if you intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution prevention plan (SWPPP) and will be subject to additional monitoring and reporting requirements. Indirect discharges of stormwater via headworks recycling will require compliance with all individual permit requirements including 2-hour peak flow limitations. All stormwater discharge authorization requests will require additional information during the technical review of your application.

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes ☐ No ☒

If yes, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.

G. Other wastes received including sludge from other WWTPs and septic waste

1. Acceptance of sludge from other WWTPs

Does the facility accept or will it accept sludge from other treatment plants at the facility site?

Yes ☐ No ☒

If yes, attach sewage sludge solids management plan. See Example 5 of the instructions.

In addition, provide the date that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

<div></div>

Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes ☐ No ☒

If yes, does the facility have a Type V processing unit?

Yes ☐ No ☐

If yes, does the unit have a Municipal Solid Waste permit?

Yes ☐ No ☐

If yes to any of the above, provide a the date that the plant started

accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.

3. Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)

Is the facility accepting or will it accept wastes that are not domestic in nature excluding the categories listed above?

Yes ☐ No ☒

If **yes**, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)

Is the facility in operation?

Yes ☒ No ☐

If **no**, this section is not applicable. Proceed to Section 8.

If **yes**, provide effluent analysis data for the listed pollutants. **Wastewater treatment facilities** complete Table 1.0(2). **Water treatment facilities** discharging filter backwash water, complete Table 1.0(3). See Attachment TECH.03

Note: The sample date must be within 1 year of application submission.

Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	3.2	3.2	1	Comp	2-11-20/0800
Total Suspended Solids, mg/l	<2.0	<2.0	1	Comp	2-11-20/0800
Ammonia Nitrogen, mg/l	<0.20	<0.20	1	Comp	2-11-20/0800
Nitrate Nitrogen, mg/l	0.58	0.58	1	Comp	2-11-20/0800
Total Kjeldahl Nitrogen, mg/l	<0.50	<0.50	1	Comp	2-11-20/0800
Sulfate, mg/l	23.3	23.3	1	Comp	2-11-20/0800
Chloride, mg/l	74	74	1	Comp	2-11-20/0800
Total Phosphorus, mg/l	<0.10	<0.10	1	Comp	2-11-20/0800
pH, standard units	6.62	6.62	1	Grab	2-11-20/0800
Dissolved Oxygen*, mg/l	6.19	6.19	1	Grab	2-11-20/0800
Chlorine Residual, mg/l	1.9	1.9	1	Grab	2-11-20/0800
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	2-11-20/0800
Enterococci (CFU/100ml) saltwater	0	0	0	-	-
Total Dissolved Solids, mg/l	330	330	1	Comp	2-11-20/0800
Electrical Conductivity, μ mohs/cm, †	602	602	1	Comp	2-11-20/0800
Oil & Grease, mg/l	<5.0	<5.0	1	Grab	2-11-20/0800
Alkalinity (CaCO ₃)*, mg/l	178	178	1	Comp	2-11-20/0800

*TPDES permits only

†TLAP permits only

Table 1.0(3) - Pollutant Analysis for Water Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: Daniel Davila

Facility Operator's License Classification and Level: A

Facility Operator's License Number: WW0004035

Section 9. Sewage Sludge Management and Disposal (Instructions Page 60)

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.

- ☒ Permitted landfill
- ☐ Permitted or Registered land application site for beneficial use
- ☐ Land application for beneficial use authorized in the wastewater permit
- ☐ Permitted sludge processing facility
- ☐ Marketing and distribution as authorized in the wastewater permit
- ☐ Composting as authorized in the wastewater permit
- ☐ Permitted surface disposal site (sludge monofill)
- ☐ Surface disposal site (sludge monofill) authorized in the wastewater permit

- ☒ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.

☐ Other:

B. Sludge disposal site

Disposal site name: Fort Bend Regional Landfill

TCEQ permit or registration number: 2270

County where disposal site is located: Fort Bend

C. Sludge transportation method

Method of transportation (truck, train, pipe, other): Truck

Name of the hauler: Sprint Waste Services

Hauler registration number: 23833

Sludge is transported as a:

Liquid ☐ semi-liquid ☐ semi-solid ☒ solid ☐

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

A. Beneficial use authorization

Does the existing permit include authorization for land application of sewage sludge for beneficial use?

Yes ☐ No ☒

If **yes**, are you requesting to continue this authorization to land apply sewage sludge for beneficial use?

Yes ☐ No ☐

If **yes**, is the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)** attached to this permit application (see the instructions for details)?

Yes ☐ No ☐

B. Sludge processing authorization

Does the existing permit include authorization for any of the following sludge

processing, storage or disposal options?

Sludge Composting Yes ☐ No ☒

Marketing and Distribution of sludge Yes ☐ No ☒

Sludge Surface Disposal or Sludge Monofill Yes ☐ No ☒

Temporary storage in sludge lagoons Yes ☐ No ☒

If **yes** to any of the above sludge options and the applicant is requesting to continue this authorization, is the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report** (TCEQ Form No. 10056) attached to this permit application?

Yes ☐ No ☐

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes ☐ No ☒

If yes, complete the remainder of this section. If no, proceed to Section 12.

A. Location information

The following maps are required to be submitted as part of the application. For each map, provide the Attachment Number.

- Original General Highway (County) Map:

Attachment:

- USDA Natural Resources Conservation Service Soil Map:

Attachment:

- Federal Emergency Management Map:

Attachment:

- Site map:

Attachment:

Discuss in a description if any of the following exist within the lagoon area.

Check all that apply.

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification
- ☐ Overlap an unstable area

- ☐ Wetlands
- ☐ Located less than 60 meters from a fault
- ☐ None of the above

Attachment:

If a portion of the lagoon(s) is located within the 100-year frequency flood plain, provide the protective measures to be utilized including type and size of protective structures:

B. Temporary storage information

Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in Section 7 of Technical Report 1.0.

Nitrate Nitrogen, mg/kg:

Total Kjeldahl Nitrogen, mg/kg:

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg:

Phosphorus, mg/kg:

Potassium, mg/kg:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

Provide the following information:

Volume and frequency of sludge to the lagoon(s):

Total dry tons stored in the lagoons(s) per 365-day period:

Total dry tons stored in the lagoons(s) over the life of the unit:

C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of 1×10^{-7} cm/sec?

Yes ☐ No ☐

If **yes**, describe the liner below. Please note that a liner is required.

D. Site development plan

Provide a detailed description of the methods used to deposit sludge in the lagoon(s):

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)

Attachment:

- Copy of the closure plan

Attachment:

- Copy of deed recordation for the site

Attachment:

- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

Attachment: [link here to enter text](#)

- Description of the method of controlling infiltration of groundwater and surface water from entering the site

Attachment: [link here to enter text](#)

- Procedures to prevent the occurrence of nuisance conditions

Attachment: [link here to enter text](#)

E. Groundwater monitoring

Is groundwater monitoring currently conducted at this site, or are any wells available for groundwater monitoring, or are groundwater monitoring data otherwise available for the sludge lagoon(s)?

Yes ☐ No ☐

If groundwater monitoring data are available, provide a copy. Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater as a separate attachment.

Attachment: [link here to enter text](#)

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 63)

A. Additional authorizations

Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc?

Yes ☐ No ☒

If yes, provide the TCEQ authorization number and description of the authorization:

link here to enter text

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes ☐ No ☒

Is the permittee required to meet an implementation schedule for compliance or enforcement?

Yes ☐ No ☒

If **yes** to either question, provide a brief summary of the enforcement, the implementation schedule, and the current status:

Section 13. RCRA/CERCLA Wastes (Instructions Page 63)

A. RCRA hazardous wastes

Has the facility received in the past three years, does it currently receive, or will it receive RCRA hazardous waste?

Yes ☐ No ☒

B. Remediation activity wastewater

Has the facility received in the past three years, does it currently receive, or will it receive CERCLA wastewater, RCRA remediation/corrective action wastewater or other remediation activity wastewater?

Yes ☐ No ☒

C. Details about wastes received

If **yes** to either Subsection A or B above, provide detailed information concerning these wastes with the application.

Attachment:

Section 14. Laboratory Accreditation (Instructions Page 64)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
 - periodically inspected by the TCEQ; or
 - located in another state and is accredited or inspected by that state; or
 - performing work for another company with a unit located in the same site; or
 - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review *30 TAC Chapter 25* for specific requirements.

The following certification statement shall be signed and submitted with every application. See the *Signature Page* section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: Laura Bonjonia

Title: Lab Manager

Signature: 

Date: 2/25/2020

DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

Section 1. Domestic Drinking Water Supply (Instructions Page 73)

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?

Yes ☐ No ☒

If yes, provide the following:

Owner of the drinking water supply:

Distance and direction to the intake:

Attach a USGS map that identifies the location of the intake.

Attachment:

Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)

Does the facility discharge into tidally affected waters?

Yes ☐ No ☒

If yes, complete the remainder of this section. If no, proceed to Section 3.

A. Receiving water outfall

Width of the receiving water at the outfall, in feet:

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes ☐ No ☐

If yes, provide the distance and direction from outfall(s).

<input type="text"/>

C. Sea grasses

Are there any sea grasses within the vicinity of the point of discharge?

Yes ☐ No ☐

If yes, provide the distance and direction from the outfall(s).

Section 3. Classified Segments (Instructions Page 73)

Is the discharge directly into (or within 300 feet of) a classified segment?

Yes ☐ No ☒

If yes, this Worksheet is complete.

If no, complete Sections 4 and 5 of this Worksheet.

Section 4. Description of Immediate Receiving Waters
(Instructions Page 75)

Name of the immediate receiving waters: Flat Bank Creek

A. Receiving water type

Identify the appropriate description of the receiving waters.

- ☒ Stream
- ☐ Freshwater Swamp or Marsh
- ☐ Lake or Pond

Surface area, in acres:

Average depth of the entire water body, in feet:

Average depth of water body within a 500-foot radius of discharge point, in feet:

- ☐ Man-made Channel or Ditch

- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify:

B. Flow characteristics

If a stream, man-made channel or ditch was checked above, provide the following. For existing discharges, check one of the following that best characterizes the area *upstream* of the discharge. For new discharges, characterize the area *downstream* of the discharge (check one).

- ☐ Intermittent - dry for at least one week during most years
- ☒ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
- ☐ Perennial - normally flowing

Check the method used to characterize the area upstream (or downstream for new dischargers).

- ☐ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☒ Personal observation
- ☐ Other, specify:

C. Downstream perennial confluences

List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point.

Steep Bank Creek

D. Downstream characteristics

Do the receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.)?

Yes ☐ No ☒

If yes, discuss how.

Click here to enter text.

E. Normal dry weather characteristics

Provide general observations of the water body during normal dry weather conditions.

Click here to enter text.

Date and time of observation: 06/30/2020; 10:45 a.m.

Was the water body influenced by stormwater runoff during observations?

Yes ☐

No ☐

Section 5. General Characteristics of the Waterbody (Instructions Page 74)

A. Upstream influences

Is the immediate receiving water upstream of the discharge or proposed discharge site influenced by any of the following? Check all that apply.

☐ Oil field activities

☒ Urban runoff

☒ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify

B. Waterbody uses

Observed or evidences of the following uses. Check all that apply.

☐ Livestock watering

☐ Contact recreation

☐ Irrigation withdrawal

☐ Non-contact recreation

☐ Fishing

☐ Navigation

- | | |
|--|--|
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply |
| <input type="checkbox"/> Park activities | <input checked="" type="checkbox"/> Other(s), specify <u>Stormwater runoff</u> |

C. Waterbody aesthetics

Check one of the following that best describes the aesthetics of the receiving water and the surrounding area.

- ☐ Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional
- ☒ Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored
- ☐ Common Setting: not offensive; developed but uncluttered; water may be colored or turbid
- ☐ Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

DOMESTIC WORKSHEET 6.0

INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works (POTWs)

Section 1. All POTWs (Instructions Page 99)

A. Industrial users

Provide the number of each of the following types of industrial users (IUs) that discharge to your POTW and the daily flows from each user. See the Instructions for definitions of Categorical IUs, Significant IUs - non-categorical, and Other IUs.

If there are no users, enter 0 (zero).

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD:

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD:

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD:

B. Treatment plant interference

In the past three years, has your POTW experienced treatment plant interference (see instructions)?

Yes ☐ No ☒

If yes, identify the dates, duration, description of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IUs that may have caused the interference.

<div></div>

C. Treatment plant pass through

In the past three years, has your POTW experienced pass through (see instructions)?

Yes ☐ No ☒

If yes, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.

--

D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes ☐ No ☒

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes ☐ No ☒

If yes, complete Section 2.c. and 2.d. only, and skip Section 3.

If no to either question above, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 100)

A. Substantial modifications

N/A

Have there been any **substantial modifications** to the approved pretreatment program that have not been submitted to the TCEQ for approval according to 40 CFR §403.18?

Yes ☐ No ☐

If yes, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click here to enter text

B. Non-substantial modifications

Have there been any **non-substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

Yes ☐ No ☐

If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click here to enter text

C. Effluent parameters above the MAL

In Table 6.0(1), list all parameters measured above the MAL in the POTW’s effluent monitoring during the last three years. Submit an attachment if necessary.

Table 6.0(1) - Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

Yes ☐

No ☐

If yes, identify the industry, describe each episode, including dates, duration, description of the problems, and probable pollutants.

Click here to enter text.

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 100)

A. General information **N/A**

Company Name:

SIC Code:

Telephone number: Fax number:

Contact name:

Address:

City, State, and Zip Code:

B. Process information

Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater).

Click here to enter text.

C. Product and service information

Provide a description of the principal product(s) or services performed.

click here to enter text

D. Flow rate information

See the Instructions for definitions of “process” and “non-process wastewater.”

Process Wastewater:

Discharge, in gallons/day:

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day:

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the instructions?

Yes ☐ No ☐

Is the SIU or CIU subject to categorical pretreatment standards found in *40 CFR Parts 405-471*?

Yes ☐ No ☐

If subject to categorical pretreatment standards, indicate the applicable category and subcategory for each categorical process.

Category:
Subcategories:

Category:
Subcategories:

Category:
Subcategories:

Category:
Subcategories:

Category:
Subcategories:

F. Industrial user interruptions

Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

Yes ☐ No ☐

If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

<div></div>

City of Missouri City
Sienna Plantation Wastewater Treatment Plant No. 3
TPDES No. WQ0014100001

List of Attachments

- | | |
|--------------------|---|
| 1) ADMIN.01 | – Water Quality Permit Payment Submittal Form |
| 2) ADMIN.02 | – Core Data Form |
| 3) ADMIN.03 | – USGS Map (Reduced Size) |
| 4) TECH.01 | – Process Flow Diagram |
| 5) TECH.02 | – Service Area & Site Drawing |
| 6) TECH.03 | – Effluent Analysis |
| 7) SPIF.01 | – Supplemental Permit Information Form and USGS Topographic Map |

ADMIN.01 – Water Quality Permit Payment Submittal Form
Administrative Report
Pg. 2, Section 1

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- Do not mail this form with the application form.
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP Waste Permit No: WQ0014100001

1. Check or Money Order Number: 48266
2. Check or Money Order Amount: \$1,650.00
3. Date of Check or Money Order: 6/11/2020
4. Name on Check or Money Order: Costello, Inc.

5. APPLICATION INFORMATION

Name of Project or Site: Sienna Plantation Wastewater Treatment Plant No. 3

Physical Address of Project or Site: No address for site

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

Staple Check or Money Order in This Space



Costello, Inc.
2107 CityWest Blvd., 3rd Floor
Houston, TX 77042
713-783-7788

BBVA Compass Bank

35-1054/1130

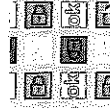
CHECK DATE June 11, 2020

48266

PAY One Thousand Six Hundred Fifty and 00/100 Dollars

TO TCEQ
Financial Administration Division
Cashier's Office, MC214
P.O. Box 13088
Austin, TX 78711-3088

AMOUNT 1,650.00



[Signature]
AUTHORIZED SIGNATURE

⑈048266⑈ ⑆113010547⑆ 51300885⑈

Costello, Inc.

48266

Check Date: 6/11/2020

Invoice Number	Date	Voucher	Amount	Discounts	Previous Pay	Net Amount
06112020	6/11/2020	000066473	1,650.00			1,650.00
TCEQ		TOTAL	1,650.00			1,650.00
A Operating Account	3	0000002315				

48266



ADMIN.02 – Core Data Form
Administrative Report
Pg. 4, Section 3.C



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)		3. Regulated Entity Reference Number (if issued)
CN 601159528		RN 101528461

[Follow this link to search for CN or RN numbers in Central Registry**](#)

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		6/15/2020	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
City of Missouri City					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
				TX0119199	
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees		<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input checked="" type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		13. Independently Owned and Operated?	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:	
15. Mailing Address:		1522 Texas Parkway			
City		Missouri City		State TX ZIP 77489 ZIP + 4 2170	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				Millie.Holifield@Missouricitytx.gov	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(281) 403-8576				(281) 403-8988	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Sienna Plantation Wastewater Treatment Plant	

23. Street Address of the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County	Fort Bend						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The site is 0.18 miles east of the intersection of Sienna Ranch Road and Discovery Lane in Missouri City, Texas in Northeast Fort Bend County, Texas.						
26. Nearest City	Missouri City				State	TX	Nearest ZIP Code
							77479
27. Latitude (N) In Decimal:	29.53615278		28. Longitude (W) In Decimal:	-95.55078333			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)	32. Secondary NAICS Code (5 or 6 digits)			
4952			221320				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Collection and treatment of wastewater, disposal of treated wastewater and sewerage sludge.							
34. Mailing Address:	City Of Missouri City						
	1522 Texas Parkway						
	City	Missouri City	State	TX	ZIP	77489	ZIP + 4
35. E-Mail Address:	Bill.Atkinson@Missouricitytx.gov						
36. Telephone Number	37. Extension or Code		38. Fax Number (if applicable)				
(281) 403-8500			() -				

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0014100001			

SECTION IV: Preparer Information

40. Name:	Harry B. Walker, PE		41. Title:	Senior Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(713) 783-7788		() -	hwalker@costelloinc.com	

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Costello Inc	Job Title:	Senior Project Manager
Name (In Print):	Harry B. Walker, PE	Phone:	(713) 782- 7788
Signature:		Date:	

Admin.03 – Lease Agreement
Administrative Report
Pg. 8, Section 9

**AGREEMENT BETWEEN SIENNA PLANTATION MUNICIPAL UTILITY
DISTRICT NO. 1 AND CITY OF MISSOURI CITY, TEXAS
FOR THE TRANSFER OF A WASTEWATER TREATMENT PLANT PERMIT AND
RESERVED WASTEWATER TREATMENT PLANT CAPACITY**

This Agreement (the "Agreement") by and between Sienna Plantation Municipal Utility District No. 1, a conservation and reclamation district (the "District") and the City of Missouri City, Texas, a home-rule municipality (the "City") (collectively, the "Parties") for the Transfer of a Wastewater Treatment Plant Permit and Reserved Wastewater Treatment Plant Capacity is made and entered in and effective as of December 12, 2013.

RECITALS

WHEREAS, the District is contractually obligated to divert permanent wastewater flows to the City; and

WHEREAS, City-wide, the City has permitted 8.5 MGD of regional wastewater treatment plant capacity; and

WHEREAS, the City and the District have always planned on sending the District's permanent wastewater flows from Sienna Plantation to an acceptable regional City wastewater treatment plant; and

WHEREAS, currently, the District has permitted, leases, and operates an interim 902,000 gallon per day wastewater treatment plant ("Plant No. 3") located at 6101 McKeever Road and

WHEREAS, the City and the District have determined that it is in the best interest of their respective residents to jointly participate in this Agreement and the Parties desire to enter into this Agreement to establish terms and conditions for the transfer of the Plant No 3 permit; and

WHEREAS, in order to divert flows from Plant No. 3 to a regional City wastewater treatment plant, a regional lift station, trunk sewer line, and force main (collectively; the "Project") must be constructed by the District, as more clearly shown on **Attachment A**; and

NOW, THEREFORE, in consideration of the mutual covenants, obligations, benefits, and agreements herein contained, the Parties agree as follows:

AGREEMENT

Section 1. Recitals. The recitals set forth above are incorporated herein for all purposes and are found by the Parties to be true and correct. It is further found and determined that the Parties have authorized and approved this Agreement by resolution or order, adopted by their respective governing bodies, and that this Agreement will be in full force and effect when approved by each party. Both Parties agree the District is contractually obligated to ultimately send a portion of Sienna Plantation's wastewater to a City regional wastewater treatment plant.

Section 2. Transfer of Permit. Upon execution of this Agreement, the District agrees to transfer the permit for Plant No. 3 (Permit No. WQ14100001, expiring December 1, 2016) to the City. The District and the City agree to do everything reasonable and necessary to ensure the transfer the permit, including but not limited to the District and/or City Engineers meeting with any regulatory agency as necessary. The costs associated with renewing the permit for Plant No. 3 will be the District's responsibility.

Section 3. City Capacity. The City owns, operates, maintains and improves multiple wastewater treatment capacity sites in and around the City. The City has a total wastewater treatment capacity of 8.5 MGD. After the District transfers its permit for Plant No. 3, the City will have 9.402 MGD of capacity, provided however, the Parties acknowledge and agree that such total capacity will increase and/or decrease based on decommissioning and/or expansion of capacity in the future.

Section 4. District Capacity. The City agrees to provide wastewater capacity reservation to the Sienna North Wastewater Service area, as more fully described on **Attachment B**. Within 15 days of execution of this agreement, the City will provide a letter of capacity for actual flows to Plant No. 3 existing on the date of execution of this agreement. Within 15 days upon request by the District based on actual good faith developer requests for incremental needs, the City agrees to provide additional letters of capacity allocation, subject to Section 9 of this Agreement. All additional capacity letters issued are valid for 3 years from date of issue, provided flows are not realized, and are renewable in 1 year increments through the term of this contract. An annual standby fee will be required for the renewable increments. This annual fee will be agreed upon between the City and the District. Should any capacity allocation letter cover the same geographical area as a letter previously issued by the City, the initial capacity allocation letter is automatically rescinded.

Section 5. Capacity Rating. Currently, the District has received a rerating for Plant No. 3 from the Texas Commission on Environmental Quality ("TCEQ") to operate at 220 gallons per day. The City agrees to maintain and honor the TCEQ rating of Plant No. 3 at 220 gallons per day. Upon the request by either the City or the District, both parties will work together for any additional wastewater treatment plant rerating for the City's system as a whole or specifically for Plant No. 3. The District will pay for the costs of any re-rating request and implementation for Plant No. 3.

Section 6. Service. The Parties agree that the District will continue to be responsible for the provision of wastewater treatment plant service to the Sienna North Wastewater Service Area.

Section 7. Ownership and Maintenance of Plant No. 3. The District shall operate and maintain Plant No. 3. The District shall be completely responsible for the lease payments, maintenance of Plant No. 3, compliance with TCEQ regulations and mitigation of any and all issued Notice of Violations against Plant No. 3. All operational costs, maintenance and repair work, costs associated with the operation and maintenance of Plant No. 3, and any fines resulting from Notice of Violations are solely the responsibility of the District. Once the

wastewater flows are diverted to the City, the District will be responsible for all costs associated with decommissioning of the Plant No. 3.

Section 8. Liability for Damages, Fines, and Penalties. If the District delivers wastewater to the City that exceeds the parameters of the City's Wastewater Treatment and Collection Ordinance, the District shall pay one hundred percent (100%) of all costs and expenses incurred by the City to repair such damage and any extraordinary cost and expenses incurred by the City to address this matter. Furthermore, the City shall be entitled to reimbursement from the District for any penalty, fine, or civil liability, or any part thereof, actually paid by the City related or associated with Plant No. 3.

Section 9. Re-design and Construction. Once the District's actual wastewater treatment flows to Plant No. 3 for three consecutive months are calculated 75% of permitted capacity, the District will begin the re-design of the Project to divert flows from Plant No. 3 to a regional City permanent plant or begin the design an expansion of Plant No. 3. Once the District's actual wastewater treatment flows to Plant No. 3 for three consecutive months are calculated at 90% of permitted capacity, the District will begin construction of the Project or begin expansion of Plant No. 3 site. If the District and the City determine to expand Plant No. 3, all design, permitting and expansion costs will be paid for by the District.

Section 10. Address and Notices. All notices provided or permitted to be given under this Agreement must be in writing and may be served by (i) depositing same in the United States mail, addressed to the party to be notified, postage prepaid and registered or certified with return receipt requested; (ii) by delivering the same in person to such party; or (iii) by electronic transmission. Notice given by mail shall be effective upon deposit in the United States mail system. Notice given in any other manner shall be effective upon receipt at the address of the addressee. For purposes of notice, the addresses of the Parties shall be as follows:

If to the District:

Sienna Plantation Municipal Utility District No. 1
c/o Allen Boone Humphries Robinson LLP
3200 Southwest Freeway, Suite 2600
Houston, Texas 77027
Attn: Richard Muller
713-860-6417
rmuller@abhr.com

If to the City:

City Manager
City of Missouri City, Texas
1522 Texas Parkway
Missouri City, Texas 77489
281-403-8500

Section 11. Parties in Interest. This Agreement shall be for the sole and exclusive benefit of the District and the City and shall not be construed to confer any benefit or right upon any other party, including particularly any resident of the District or the City.

Section 12. Termination provision. The Term of this Agreement is for 1 year from the date of the effective date, with automatic 1 year renewals up to an additional 5 years from the effective date of this Agreement. Upon termination of this Agreement, if a permit is still in place for Plant No. 3, the permit will revert back to the District.

Section 13. Severability. The provisions of this Agreement are severable, and if any word, phrase, clause, sentence, paragraph, section, or other part of this Agreement or the application thereof to any other person or circumstance shall ever be held by any court of competent jurisdiction to contravene or be invalid under the constitution or laws of the State of Texas for any reason, that contravention or invalidity shall not invalidate the entire Agreement. Instead, this Agreement shall be construed as if it did not contain the particular provision or provisions held to be invalid, the rights and obligations of the parties shall be enforced accordingly, and this Agreement shall remain in full force and effect, as construed. The remainder of this Agreement and the application of such word, phrase, clause, sentence, paragraph, section, or other part of this Agreement to the other parties or circumstances shall not be affected thereby.

Section 14. Successors and Assigns. This Agreement shall apply to and be binding upon the parties hereto and their respective officers, directors, successors, and assigns. This Agreement and any of the rights obtained hereunder are not assignable by any party hereto without the express written consent of the other parties, which consent shall not be unreasonably withheld.

Section 15. Authorization. Each party represents that (i) execution and delivery of this Agreement by it has been duly authorized by its governing body or other persons from whom such party is legally bound to obtain authorization; (ii) that the consummation of the contemplated transactions will not result in a breach or violation of, or a default under, any agreement by which it or any of its properties is bound, or by any statute, rule, regulation, order, or other law to which it is subject; and (iii) this Agreement is a binding and enforceable agreement on its part.

Section 16. Applicable Law. This Agreement shall be governed and construed in accordance with the laws of the State of Texas.

Section 17. Entire Agreement; Modification. This Agreement constitutes the entire agreement between the District and the City concerning the Project. There have been and are no agreements, covenants, representations, or warranties between the parties other than those expressly stated or provided for herein. No modification hereof or subsequent agreement relative to the subject matter hereof shall be binding on any party unless reduced to writing and signed by the parties.

[EXECUTION PAGES TO FOLLOW]

CITY OF MISSOURI CITY, TEXAS

By: Allen Owen

Name: Allen Owen

Title: Mayor

ATTEST:

By: Maria Gonzalez

Name: Maria Gonzalez

Title: City Secretary

451804 2013.11.13



SIENNA PLANTATION MUNICIPAL
UTILITY DISTRICT NO. 1

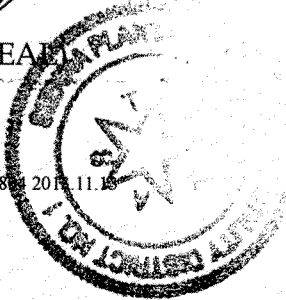
C. S. B.
President, Board of Directors

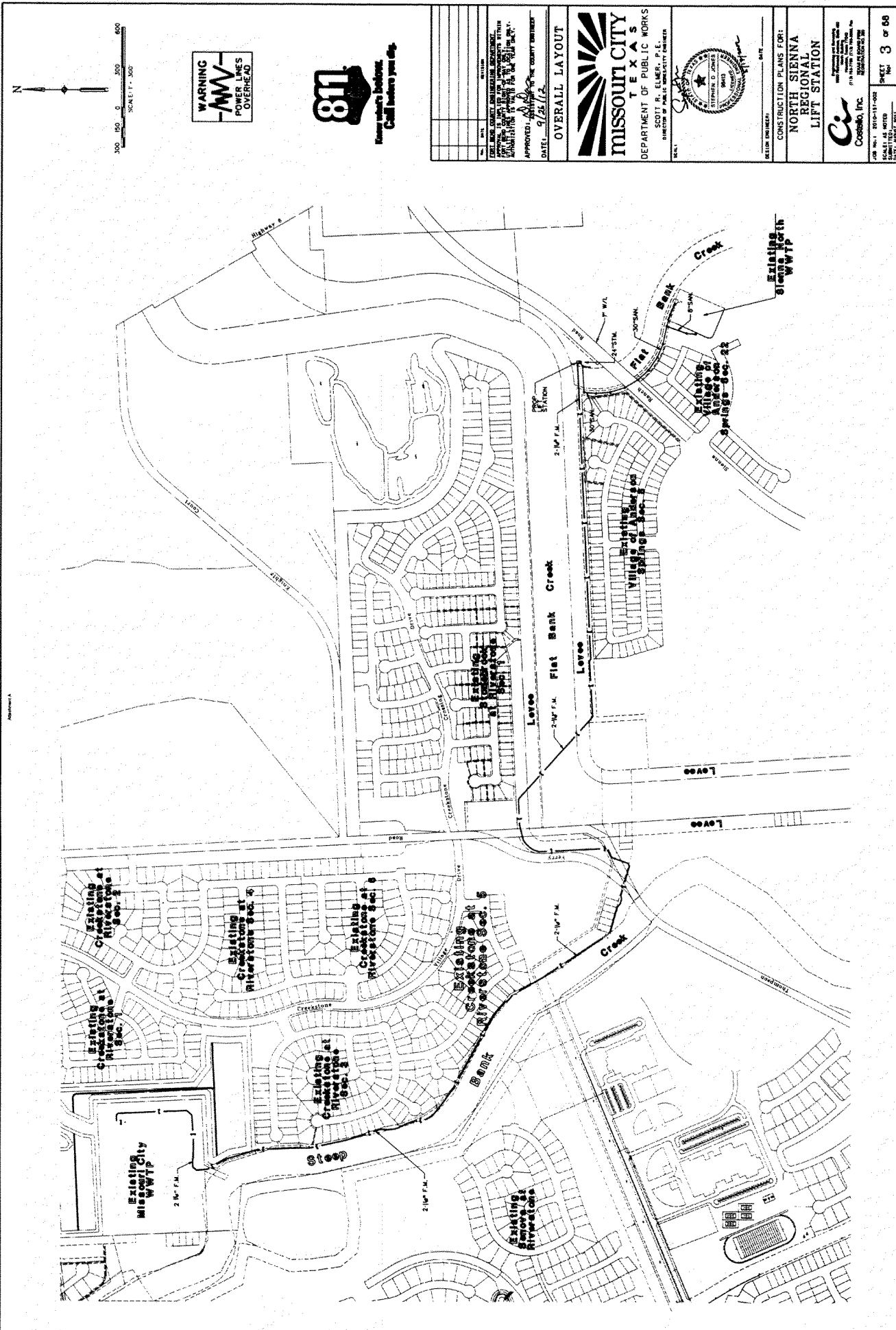
ATTEST:

[Signature]
Secretary, Board of Directors

(SEAL)

4518 2013 11 15





Sheet 1 of 3

WARNING
POWER LINES
OVERHEAD

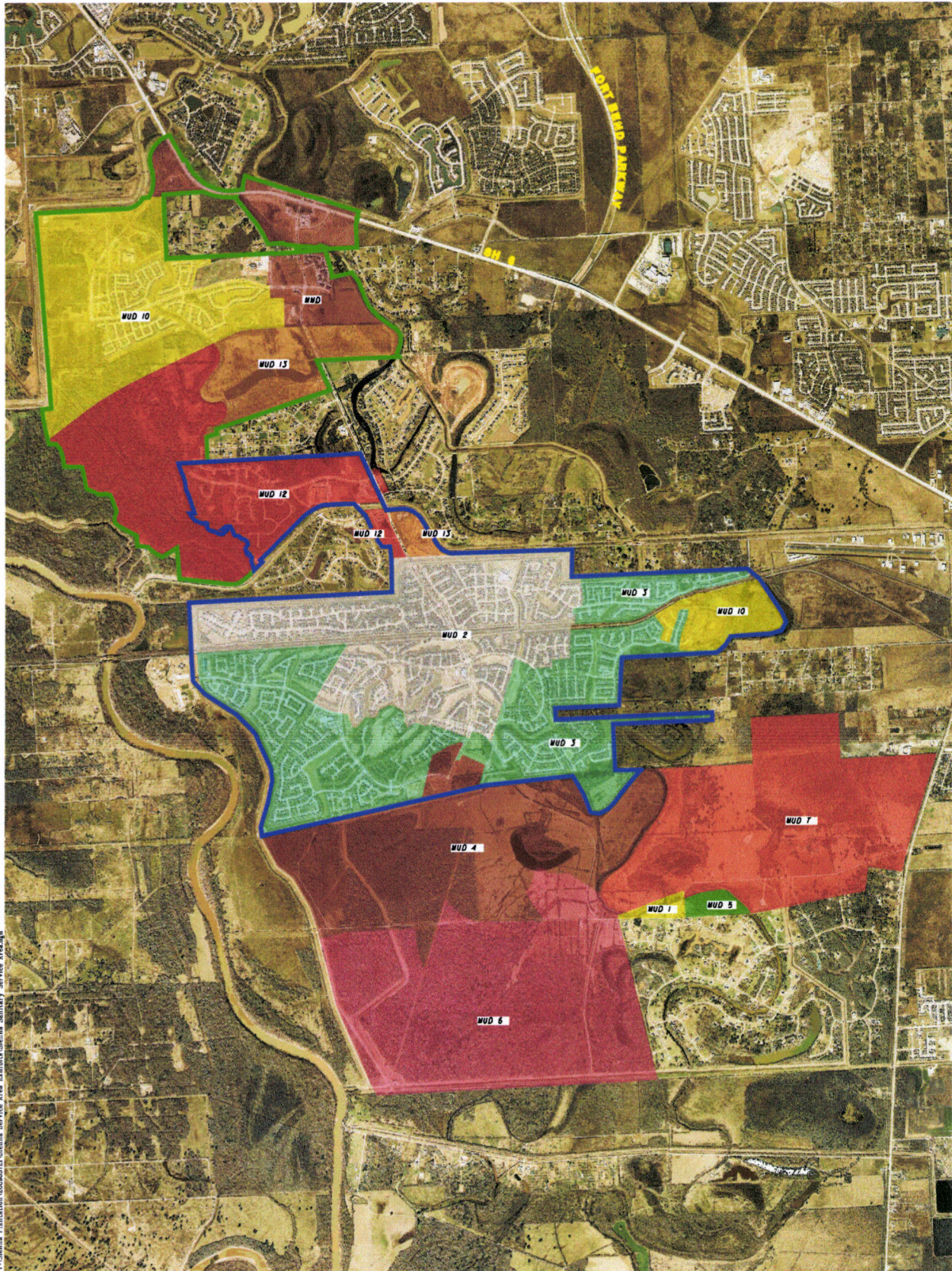
811
 Know what's below.
 Call before you dig.

MISSOURI CITY TEXAS DEPARTMENT OF PUBLIC WORKS 1501 R. L. ELLIS, JR. BLVD. SPRINGFIELD, MO 65704 DIRECTOR OF PUBLIC UTILITY ENGINEER		DATE: 9/25/12
OVERALL LAYOUT		
APPROVED: [Signature] DATE: 9/25/12		
PROJECT NO.: 2010-117-002 SCALE: AS NOTED SHEET NO.: 3 OF 58		



Ci
 Cossack, Inc.
 1000 N. 1st St.
 Suite 100
 St. Louis, MO 63102
 (314) 241-1111
 www.cossackinc.com

CONSTRUCTION PLANS FOR:
**NORTH SIENNA
 REGIONAL
 LIFT STATION**

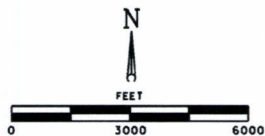


P:\Sienna Plantation\00000000\Sienna Service Area Exhibit\Sienna Sanitary Service Area.dgn



WASTEWATER SUPPLY PLANT NO. 3
SERVICE AREAS (SIENNA NORTH)

WASTEWATER SUPPLY PLANT NO. 2
SERVICE AREAS (SIENNA CENTRAL)



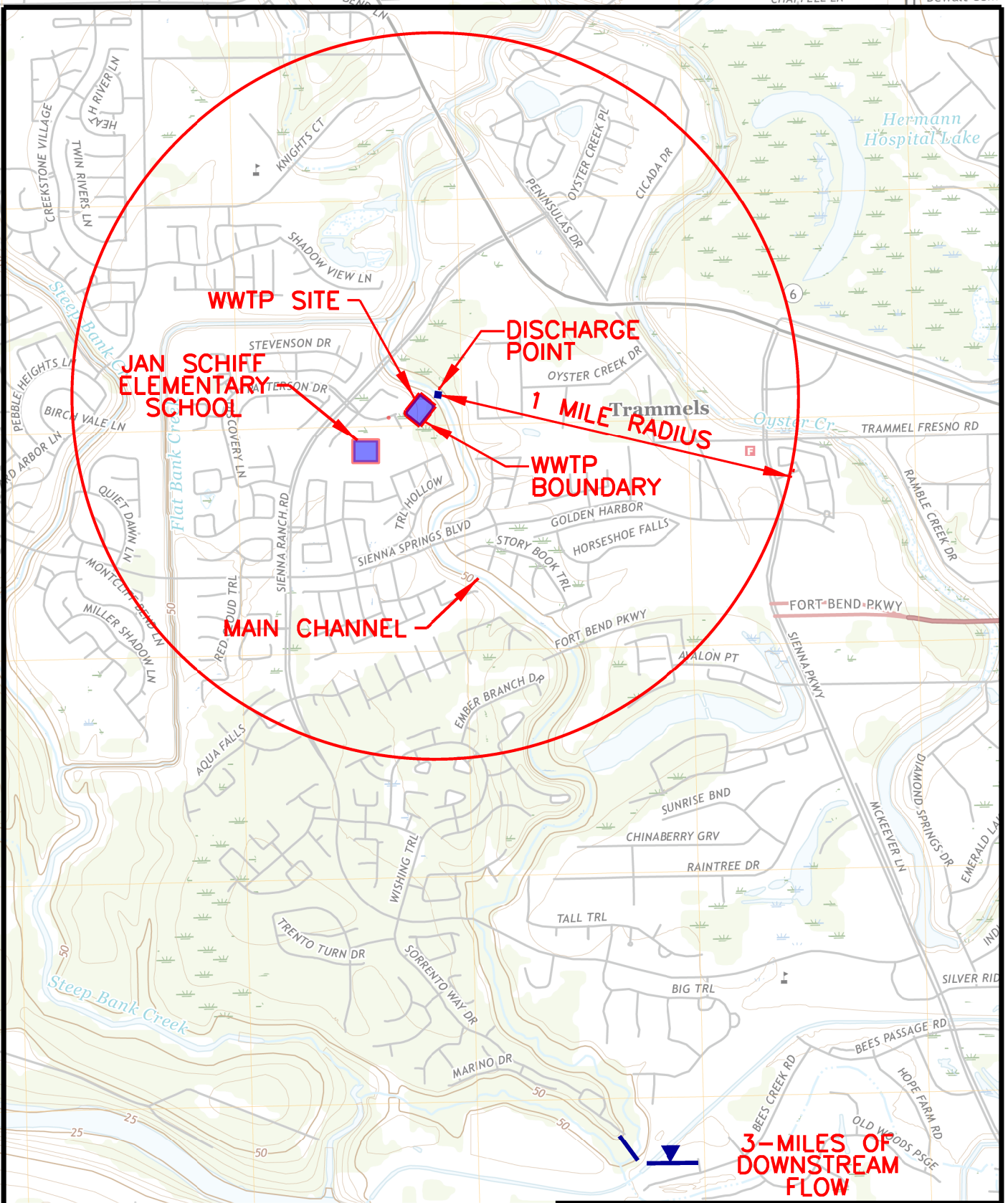
SIENNA PLANTATION SANITARY SERVICE AREAS

DECEMBER 2009



Engineering and Surveying
9990 Richmond Avenue, Suite 450
North Building
Houston, Texas 77042
(713) 783-7788 (713) 783-3580, Fax
TEXAS PE BOARD FIRM
REGISTRATION No. 280

ADMIN.04 – USGS Map (Reduced Size)
Administrative Report
Pg. 11, Section 13



Costello



Engineering and Surveying
2107 CityWest Blvd., 3rd Floor
Houston, Texas 77042
(713) 783-7788 (713) 783-3580, Fax
TBPE FIRM REG. No. 280
TBPLS FIRM REG. No. 100486

ATTACHMENT "ADMIN.04"
USGS TOPOGRAPHIC MAP

JOB NO.: 2009237-000-45

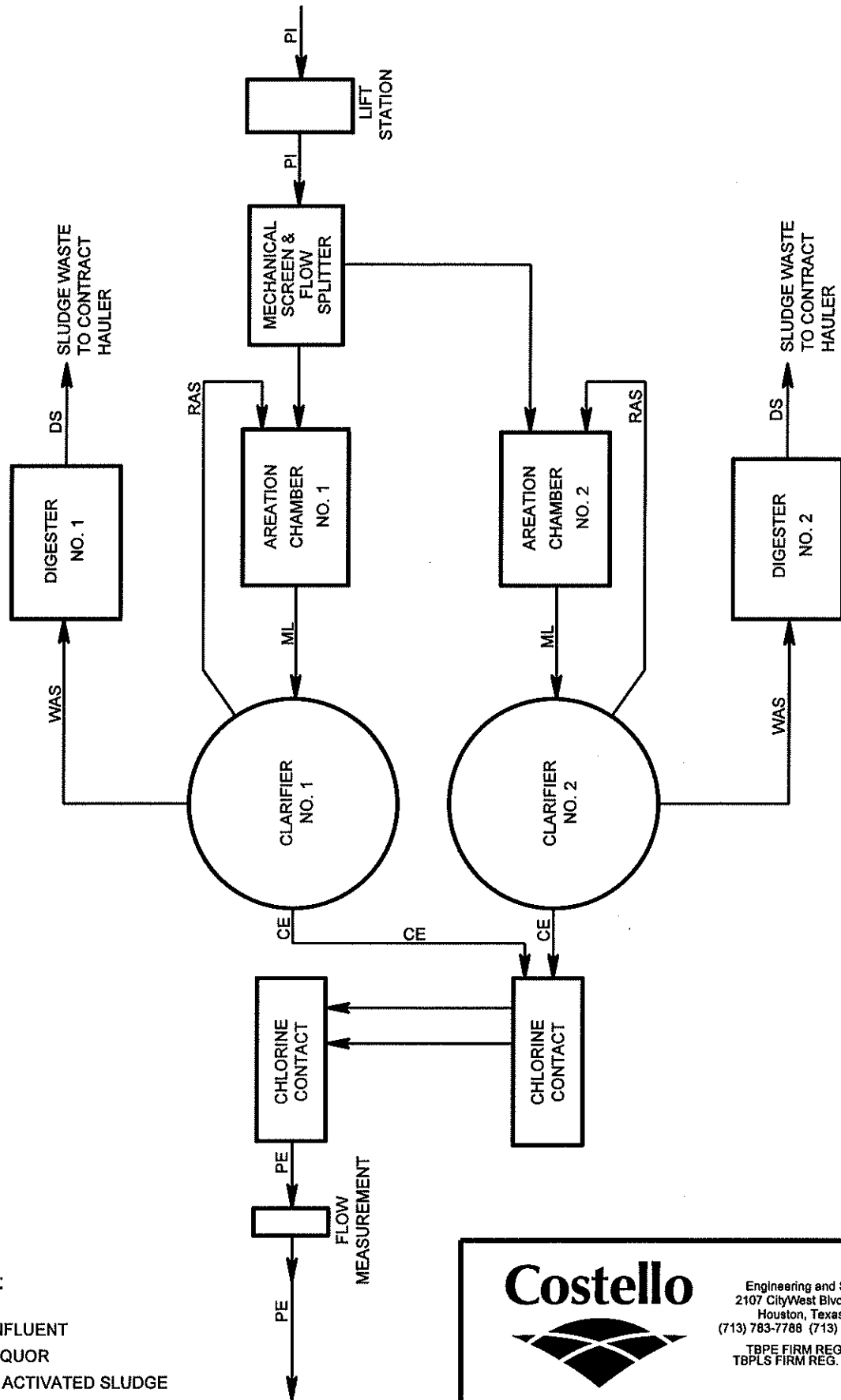
DATE: JULY 2020

EXHIBIT NO.: ADMIN.
USGS MAP

TECH.01 – Process Flow Diagram
Technical Report 1.0
Pg. 3, Section 2.C

LEGEND:

PI PLANT INFLUENT
ML MIXED LIQUOR
RAS RETURN ACTIVATED SLUDGE
WAS WASTE ACTIVATED SLUDGE
CE CLARIFIER EFFLUENT
PE PLANT EFFLUENT
DS DIGESTED SLUDGE



Engineering and Surveying
2107 CityWest Blvd., 3rd Floor
Houston, Texas 77042
(713) 783-7788 (713) 783-3580, Fax
TBPE FIRM REG. No. 280
TBPLS FIRM REG. No. 100488

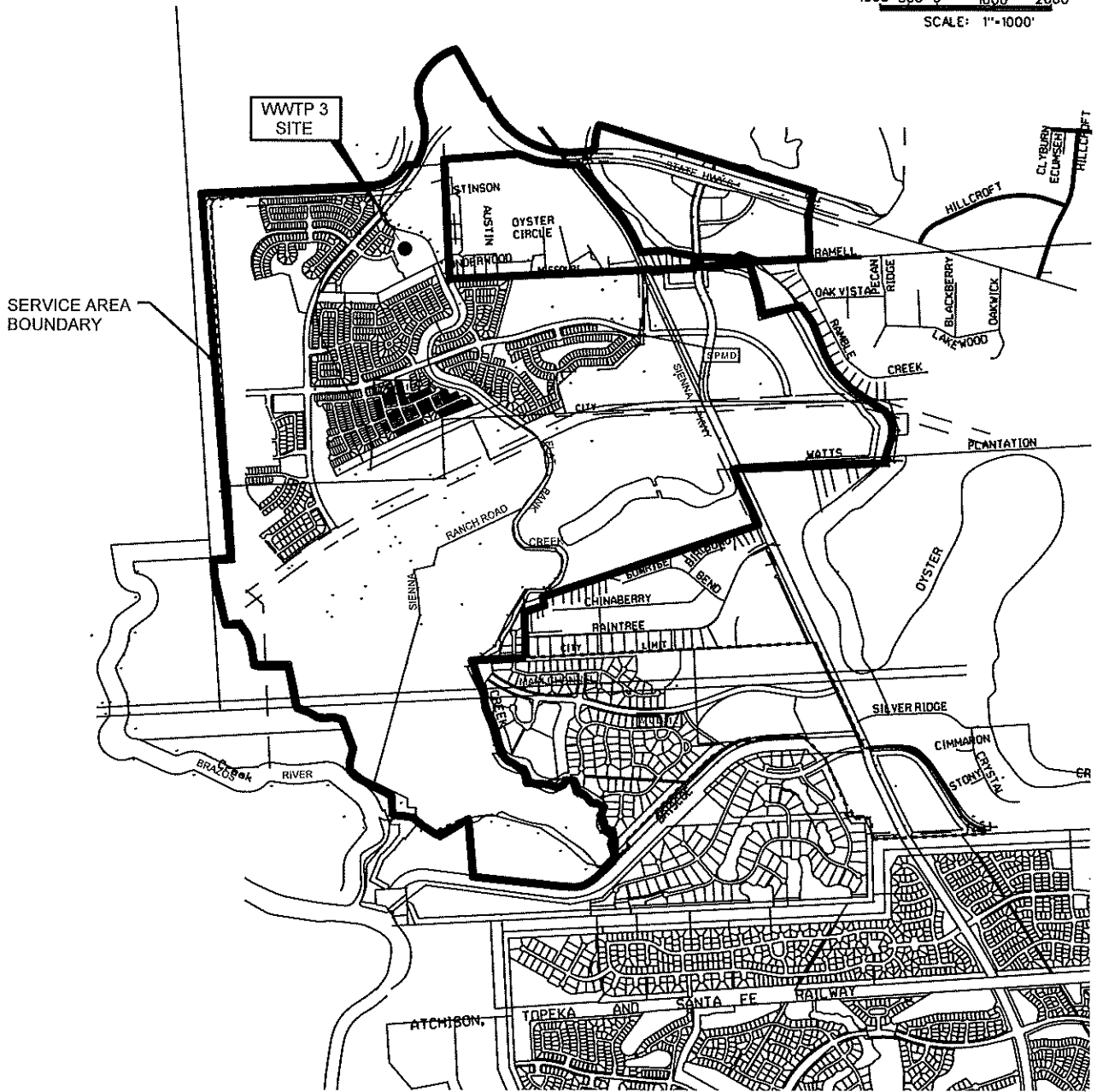
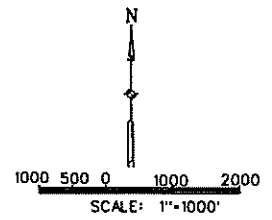
CITY OF MISSOURI CITY
SIENNA PLANTATION WWTP NO.3 -
TPDES PERMIT RENEWAL
ATTACHMENT "TECH.01"
EXISTING PHASE
FLOW DIAGRAM

JOB NO.: 2009037-000-45

DATE: JUNE 2020

EXHIBIT NO.: TECH 01

TECH.02 – Service Area & Site Drawing
Technical Report 1.0
Pg. 3, Section 3



Costello



Engineering and Surveying
2107 CityWest Blvd., 3rd Floor
Houston, Texas 77042
(713) 783-7788 (713) 783-3580, Fax
TBPE FIRM REG. No. 280
TBPLS FIRM REG. No. 100486

CITY OF MISSOURI CITY
SIENNA PLANTATION WWTP No.3-TPDES PERMIT RENEWAL

ATTACHMENT "TECH.02"
SERVICE AREA & SITE DRAWING

JOB NO.: 2009037-000-45

DATE: JUNE 2020

EXHIBIT NO.: • TECH 02

TECH.03 – Effluent Analysis Report
Technical Report 1.0
Pg. 10, Section 7



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

25 February 2020

Si Environmental, LLC
Chris Manthei
6420 Reading Road
Rosenberg, TX 77471

Sienna Mud #1 (SP3)- Permit Renewal

Enclosed are the results of analyses for samples received by the laboratory on 11-Feb-20 14:15. The analytical data provided relates only to the samples as received in this laboratory report.

ELI certifies that all results are NELAP compliant and performed in accordance with the referenced method except as noted in the Case Narrative or as noted with a qualifier. Any reproductions of this laboratory report should be in full and only with the written authorization from the client.

The total number of pages in this report is 10

Thank you for selecting ELI for your analytical needs. If you have any questions regarding this report, please contact us.

Sincerely,

A handwritten signature in blue ink that reads 'Laura Bonjonia'.

Laura Bonjonia For Sarah Chaplain
Client Services Representative



Certificate No: T104704265-19-17



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Si Environmental, LLC
Project: Sienna Mud #1 (SP3)- Permit Renewal
Work Order: 20B1380

Reported:
25-Feb-20 13:35

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent	20B1380-01	Water	11-Feb-20 08:00	11-Feb-20 14:15

L-Sample analyzed by NELAP accredited lab T104704231-19-23

Envirodyne Laboratories, Inc.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Laura Bonjonia For Sarah Chaplain, Client Services Representative

Page 2 of 11

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)

Is the facility in operation?

Yes ☐ No ☐

If **no**, this section is not applicable. Proceed to Section 8.

If **yes**, provide effluent analysis data for the listed pollutants. **Wastewater treatment facilities** complete Table 1.0(2). **Water treatment facilities** discharging filter backwash water, complete Table 1.0(3).

Note: The sample date must be within 1 year of application submission.

Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	3.2	3.2	1	Comp	2-11-20/0800
Total Suspended Solids, mg/l	<2.0	<2.0	1	Comp	2-11-20/0800
Ammonia Nitrogen, mg/l	<0.20	<0.20	1	Comp	2-11-20/0800
Nitrate Nitrogen, mg/l	0.58	0.58	1	Comp	2-11-20/0800
Total Kjeldahl Nitrogen, mg/l	<0.50	<0.50	1	Comp	2-11-20/0800
Sulfate, mg/l	23.3	23.3	1	Comp	2-11-20/0800
Chloride, mg/l	74	74	1	Comp	2-11-20/0800
Total Phosphorus, mg/l	<0.10	<0.10	1	Comp	2-11-20/0800
pH, standard units	6.62	6.62	1	Grab	2-11-20/0800
Dissolved Oxygen*, mg/l	6.19	6.19	1	Grab	2-11-20/0800
Chlorine Residual, mg/l	1.90	1.90	1	Grab	2-11-20/0800
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	2-11-20/0800
Enterococci (CFU/100ml) saltwater	<1	<1	1	Grab	2-11-20/0800
Total Dissolved Solids, mg/l	330	330	1	Comp	2-11-20/0800
Electrical Conductivity, μ mohs/cm, †	602	602	1	Comp	2-11-20/0800

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Oil & Grease, mg/l	<5.0	<5.0	1	Grab	2-11-20/0800
Alkalinity (CaCO ₃)*, mg/l	178	178	1	Comp	2-11-20/0800

*TPDES permits only

†TLAP permits only

Table 1.0(3) - Pollutant Analysis for Water Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: _____

Facility Operator's License Classification and Level: _____

Facility Operator's License Number: _____

Section 9. Sewage Sludge Management and Disposal (Instructions Page 60)

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.

- ☐ Permitted landfill
- ☐ Permitted or Registered land application site for beneficial use

Section 14. Laboratory Accreditation (Instructions Page 64)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
 - periodically inspected by the TCEQ; or
 - located in another state and is accredited or inspected by that state; or
 - performing work for another company with a unit located in the same site; or
 - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review *30 TAC Chapter 25* for specific requirements.

The following certification statement shall be signed and submitted with every application. See the *Signature Page* section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: Laura Bonjonia

Title: Lab Manager

Signature: 

Date: 2-25-2020



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Si Environmental, LLC
Project: Sienna Mud #1 (SP3)- Permit Renewal
Work Order: 20B1380

Reported:
25-Feb-20 13:35

Effluent

20B1380-01 (Water) Sampled: 11-Feb-20 08:00

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Analyst	Notes
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Envirodyne Laboratories, Inc.

Field Analysis

Dissolved Oxygen (DO)	6.19		mg/L	1	B205262	11-Feb-20	11-Feb-20 08:00	SM4500-O C	AEH	
pH	6.62		SU	1	B205262	11-Feb-20	11-Feb-20 08:00	SM4500H+ B	AEH	

Microbiology

E.coli	<1	1	MPN/100 mL	1	B205279	11-Feb-20	11-Feb-20 15:20	SM9223 B	HBB	
Enterococci	<1	1	MPN/100 mL	1	B205515	11-Feb-20	11-Feb-20 15:20	Enterolert	HBB	

Wet Chemistry

Alkalinity (m) as CaCO ₃	178	20.0	mg/L	1	B206777	24-Feb-20	24-Feb-20 09:30	SM 2320 B	SNG	
Alkalinity (p) as CaCO ₃	<20.0	20.0	mg/L	1	B206777	24-Feb-20	24-Feb-20 09:30	SM 2320 B	SNG	
Total Alkalinity as CaCO ₃	178	20.0	mg/L	1	[CALC]	24-Feb-20	24-Feb-20 09:30	[CALC]	SNG	
Ammonia-N (NH ₃ -N)	<0.20	0.20	mg/L	1	B205356	12-Feb-20	12-Feb-20 14:41	EPA 350.1	AT	
CBOD-5	3.2	2.0	mg/L	1	B205909	11-Feb-20	11-Feb-20 14:57	SM5210 B	MJC	I
Chloride	74.0	12.0	mg/L	4	B205860	17-Feb-20	17-Feb-20 09:30	SM4500 Cl-B	SNG	
Conductivity	602	30	uS/cm	1	B206726	21-Feb-20	21-Feb-20 14:24	SM2510 B	SNG	
Nitrate-N	0.58	0.50	mg/L	1	B205706	14-Feb-20	14-Feb-20 16:11	EPA 353.1	AT	H
Oil & Grease	<5.0	5.0	mg/L	1	B206197	19-Feb-20	20-Feb-20 09:55	EPA 1664 A	MLM	
Sulfate	23.3	2.00	mg/L	1	B206935	25-Feb-20	25-Feb-20 08:57	ASTM D516-07	SNG	
TDS	330	50.0	mg/L	1	B206012	18-Feb-20	18-Feb-20 16:37	SM2540 C	MNF	
TKN-N	<0.50	0.50	mg/L	1	B206388	17-Feb-20	18-Feb-20 12:00	SM 4500-NH ₃ D	SUB	L
Total Phosphate (as PO ₄)	<0.306	0.306	mg/L	1	[CALC]	14-Feb-20	14-Feb-20 14:53	Calc.	SNG	
Total Phosphorus	<0.10	0.10	mg/L	1	B205709	14-Feb-20	14-Feb-20 14:53	SM4500-P E	SNG	
TSS	<2.0	2.0	mg/L	1	B205305	12-Feb-20	12-Feb-20 15:40	SM2540 D	BM	

Envirodyne Laboratories, Inc.

Laura Bonjonia

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Laura Bonjonia For Sarah Chaplain, Client Services Representative

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Envirodyne Laboratories, Inc
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Houston, TX 77099
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Client: Si Environmental, LLC
Project: Sienna Mud #1 (SP3)- Permit Renewal
Work Order: 20B1380

Reported:
25-Feb-20 13:35

Microbiology - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch B205279 - Microbiology

Blank (B205279-BLK1)

Prepared & Analyzed: 11-Feb-20

E.coli <1 1 MPN/100 mL

Duplicate (B205279-DUP1)

Source: 20B1116-02

Prepared & Analyzed: 11-Feb-20

E.coli <1 1 MPN/100 mL <1 0 0.5087

Batch B205515 - Microbiology

Blank (B205515-BLK1)

Prepared & Analyzed: 11-Feb-20

Enterococci <1 1 MPN/100 mL

Duplicate (B205515-DUP1)

Source: 20B1122-03

Prepared & Analyzed: 11-Feb-20

Enterococci <2 2 MPN/100 mL <2 0 0.5366

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Laura Bonjonia For Sarah Chaplain, Client Services Representative

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Envirodyne Laboratories, Inc
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Client: Si Environmental, LLC
Project: Sienna Mud #1 (SP3)- Permit Renewal
Work Order: 20B1380

Reported:
25-Feb-20 13:35

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch B205305 - Inorganics

Blank (B205305-BLK1)

Prepared & Analyzed: 12-Feb-20

TSS <2.0 2.0 mg/L

Duplicate (B205305-DUP1)

Source: 20B1116-01

Prepared & Analyzed: 12-Feb-20

TSS <2.0 2.0 mg/L <2.0 13.3 20

Batch B205356 - Inorganics

Blank (B205356-BLK1)

Prepared & Analyzed: 12-Feb-20

Ammonia-N (NH3-N) <0.20 0.20 mg/L

LCS (B205356-BS1)

Prepared & Analyzed: 12-Feb-20

Ammonia-N (NH3-N) 1.07 mg/L 1.00 107 90-110

Matrix Spike (B205356-MS1)

Source: 20B1166-01

Prepared & Analyzed: 12-Feb-20

Ammonia-N (NH3-N) 1.10 0.20 mg/L 1.00 0.06 104 90-110

Matrix Spike Dup (B205356-MSD1)

Source: 20B1166-01

Prepared & Analyzed: 12-Feb-20

Ammonia-N (NH3-N) 1.10 0.20 mg/L 1.00 0.06 104 90-110 0.00 20

Batch B205706 - Inorganics

Blank (B205706-BLK1)

Prepared & Analyzed: 14-Feb-20

Nitrate-N <0.50 0.50 mg/L

LCS (B205706-BS1)

Prepared & Analyzed: 14-Feb-20

Nitrate-N 3.01 mg/L 3.00 100 90-110

Envirodyne Laboratories, Inc.

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Client: Si Environmental, LLC
Project: Sienna Mud #1 (SP3)- Permit Renewal
Work Order: 20B1380

Reported:
25-Feb-20 13:35

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch B205706 - Inorganics

Matrix Spike (B205706-MS1)		Source: 20B1857-01		Prepared & Analyzed: 14-Feb-20						
Nitrate-N	3.07	0.50	mg/L	3.00	0.16	97.0	80-120			
Matrix Spike Dup (B205706-MSD1)		Source: 20B1857-01		Prepared & Analyzed: 14-Feb-20						
Nitrate-N	3.10	0.50	mg/L	3.00	0.16	98.0	80-120	0.972	20	

Batch B205709 - Inorganics

Blank (B205709-BLK1)		Prepared & Analyzed: 14-Feb-20								
Total Phosphorus	<0.10	0.10	mg/L							
LCS (B205709-BS1)		Prepared & Analyzed: 14-Feb-20								
Total Phosphorus	1.00		mg/L	1.00		100	80-120			
Matrix Spike (B205709-MS1)		Source: 20B1101-01		Prepared & Analyzed: 14-Feb-20						
Total Phosphorus	1.02	0.10	mg/L	1.00	ND	102	80-120			
Matrix Spike Dup (B205709-MSD1)		Source: 20B1101-01		Prepared & Analyzed: 14-Feb-20						
Total Phosphorus	1.09	0.10	mg/L	1.00	ND	109	80-120	6.64	20	

Batch B205860 - Inorganics

Blank (B205860-BLK1)		Prepared & Analyzed: 17-Feb-20								
Chloride	<3.0	3.0	mg/L							
LCS (B205860-BS1)		Prepared & Analyzed: 17-Feb-20								
Chloride	100		mg/L	100		100	90-110			

Envirodyne Laboratories, Inc.

Laura Bonjonia

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Envirodyne Laboratories, Inc
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Client: Si Environmental, LLC
Project: Sienna Mud #1 (SP3)- Permit Renewal
Work Order: 20B1380

Reported:
25-Feb-20 13:35

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B205860 - Inorganics										
Matrix Spike (B205860-MS1)		Source: 20B1346-01		Prepared & Analyzed: 17-Feb-20						
Chloride	106	12.0	mg/L	20.0	84.0	110	80-120			
Matrix Spike Dup (B205860-MSD1)		Source: 20B1346-01		Prepared & Analyzed: 17-Feb-20						
Chloride	108	12.0	mg/L	20.0	84.0	120	80-120	1.87	20	
Batch B205909 - Inorganics										
Blank (B205909-BLK1)		Prepared & Analyzed: 11-Feb-20								
CBOD-5	<2.0	2.0	mg/L							
Blank (B205909-BLK2)		Prepared & Analyzed: 11-Feb-20								
CBOD-5	<2.0	2.0	mg/L							
LCS (B205909-BS1)		Prepared & Analyzed: 11-Feb-20								
CBOD-5	207		mg/L	198		105	84.6-115.4			
Duplicate (B205909-DUP1)		Source: 20B1058-01		Prepared & Analyzed: 11-Feb-20						
CBOD-5	<2.0	2.0	mg/L		<2.0			0	20	1
Batch B206012 - Inorganics										
Blank (B206012-BLK1)		Prepared & Analyzed: 18-Feb-20								
TDS	<50.0	50.0	mg/L							
Duplicate (B206012-DUP1)		Source: 20B1424-01		Prepared & Analyzed: 18-Feb-20						
TDS	652	50.0	mg/L		650			0.307	20	

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Envirodyne Laboratories, Inc
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Client: Si Environmental, LLC
Project: Sienna Mud #1 (SP3)- Permit Renewal
Work Order: 20B1380

Reported:
25-Feb-20 13:35

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch B206197 - Inorganics

Blank (B206197-BLK1) Prepared: 19-Feb-20 Analyzed: 20-Feb-20

Oil & Grease	<5.0	5.0	mg/L							
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LCS (B206197-BS1) Prepared: 19-Feb-20 Analyzed: 20-Feb-20

Oil & Grease	36.0		mg/L	40.0		90.0	78-114			
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LCS Dup (B206197-BSD1) Prepared: 19-Feb-20 Analyzed: 20-Feb-20

Oil & Grease	37.5		mg/L	40.0		93.8	78-114	4.08	18	
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Batch B206726 - Inorganics

Blank (B206726-BLK1) Prepared & Analyzed: 21-Feb-20

Conductivity	<30	30	uS/cm							
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Duplicate (B206726-DUP1) Source: 20B2680-01 Prepared & Analyzed: 21-Feb-20

Conductivity	462	30	uS/cm		447			3.30	20	
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Reference (B206726-SRM1) Prepared & Analyzed: 21-Feb-20

Conductivity	179		uS/cm	180		99.4	0-200			
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Batch B206777 - Inorganics

Blank (B206777-BLK1) Prepared & Analyzed: 24-Feb-20

Alkalinity (m) as CaCO ₃	<20.0	20.0	mg/L							
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Alkalinity (p) as CaCO ₃	<20.0	20.0	"							
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LCS (B206777-BS1) Prepared & Analyzed: 24-Feb-20

Alkalinity (m) as CaCO ₃	48.0		mg/L	50.0		96.0	90-110			
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Alkalinity (p) as CaCO ₃	54.0		"	50.0		108	90-110			
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Envirodyne Laboratories, Inc.

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Laura Bonjonia For Sarah Chaplain, Client Services Representative

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Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Si Environmental, LLC
Project: Sienna Mud #1 (SP3)- Permit Renewal
Work Order: 20B1380

Reported:
25-Feb-20 13:35

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B206777 - Inorganics										
Duplicate (B206777-DUP1)		Source: 20B2693-02		Prepared & Analyzed: 24-Feb-20						
Alkalinity (m) as CaCO ₃	190	20.0	mg/L		170			11.1	20	
Alkalinity (p) as CaCO ₃	<20.0	20.0	"		<20.0			0	20	
Batch B206935 - Inorganics										
Blank (B206935-BLK1)		Prepared & Analyzed: 25-Feb-20								
Sulfate	<2.00	2.00	mg/L							
LCS (B206935-BS1)		Prepared & Analyzed: 25-Feb-20								
Sulfate	19.0		mg/L	20.0		95.0	90-110			
Matrix Spike (B206935-MS1)		Source: 20B2345-18		Prepared & Analyzed: 25-Feb-20						
Sulfate	92.4	8.00	mg/L	20.0	70.8	108	80-120			
Matrix Spike Dup (B206935-MSD1)		Source: 20B2345-18		Prepared & Analyzed: 25-Feb-20						
Sulfate	91.6	8.00	mg/L	20.0	70.8	104	80-120	0.870	20	

Envirodyne Laboratories, Inc.

Laura Bonjonia For Sarah Chaplain, Client Services Representative

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Envirodyne Laboratories, Inc
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Client: Si Environmental, LLC
Project: Sienna Mud #1 (SP3)- Permit Renewal
Work Order: 20B1380

Reported:
25-Feb-20 13:35

Notes and Definitions

L Analyzed by third party laboratory
I Greater than 30% difference between highest and lowest values
H Hold time exceeded
ND Analyte NOT DETECTED at or above the reporting limit
< Result is less than the RL

Envirodyne Laboratories, Inc.

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Laura Bonjonia For Sarah Chaplain, Client Services Representative

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**SPIF.01 – Supplemental Permit Information Form
and Original USGS Map (Full Size)**

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 53)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

Do not refer to a response of any item in the permit application form. Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: City of Missouri City

Permit No. WQ00 14100001

EPA ID No. TX 0119199

Address of the project (or a location description that includes street/highway, city/vicinity, and county):

Physical Address: (Previously reported as 6101 McKeever; however, this is the assigned address by the Power Company. Site is closer to 7420 Discovery Lane, Missouri City, Texas 77459.) Description: The site is 0.18 miles east of the intersection of Sienna Ranch Road and Discovery Lane in Missouri City, Texas in Northeast Fort Bend County, Texas.

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr

First and Last Name: Alvin San Miguel

Credential (P.E, P.G., Ph.D., etc.):

Title:

Mailing Address: 5777 Sienna Parkway Suite 100

City, State, Zip Code: Missouri City, TX 77459

Phone No.: 281-778-7799 Ext.: Fax No.:

E-mail Address: alvin@johnsondev.com

2. List the county in which the facility is located: Fort Bend
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

N/A

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

The effluent discharges into Flat Bank Creek; thence to Upper Oyster Creek in Segment No. 1245 of the Brazos River Basin.

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report). **See Attachment SPIF.01**

Provide original photographs of any structures 50 years or older on the property.

Does your project involve any of the following? Check all that apply.

- ☐ Proposed access roads, utility lines, construction easements
- ☐ Visual effects that could damage or detract from a historic property's integrity
- ☐ Vibration effects during construction or as a result of project design
- ☐ Additional phases of development that are planned for the future
- ☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

6. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

N/A

7. Describe existing disturbances, vegetation, and land use:

Wastewater Treatment Plant site with access road, chemical building, drainage swales and inlets.

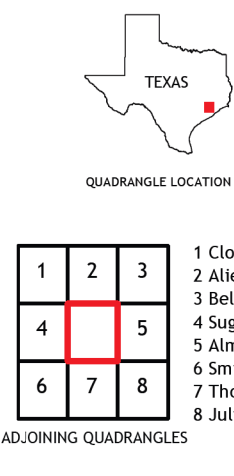
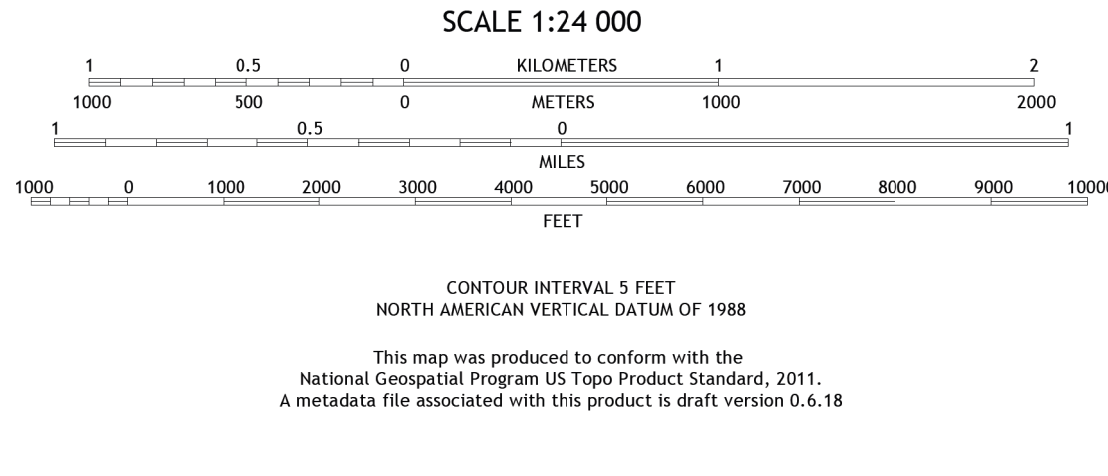
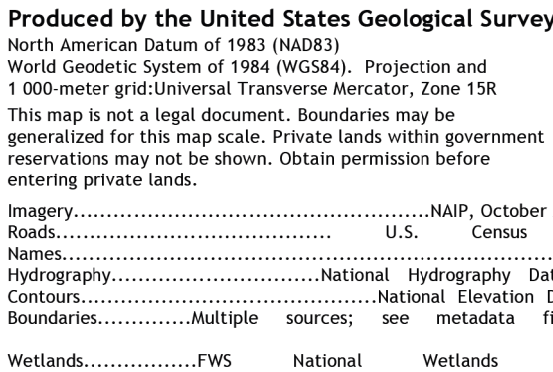
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

8. List construction dates of all buildings and structures on the property:



[REDACTED]




9. Provide a brief history of the property, and name of the architect/builder, if known.

[REDACTED]



ROAD CLASSIFICATION

Expressway		Local Connector	
Secondary Hwy		Local Road	
Ramp		4WD	

 Interstate Route  US Route  State Route

MISSOURI CITY, TX
2019